POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JB		04-12-0
O.I.P.E. CLASSIFIER	,	41	5/1/01/
FORMALITY REVIEW	AL	829	05/18
RESPONSE FORMALITY REVIEW	11		1371

INDEX OF CLAIMS

V	Rejected	N	Non-elected
=	Allowed	- 1	Interference
_	(Through numeral) Canceled	Α	Appeal
	Restricted	0	Objected

•	*	Hestricted	0	Objected	
Claim	Date	Claim	Date	Claim	Date
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5 / 2	 	36 /		105	
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27		58 / /	 	108	
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10 1 1		60 J		110	
11/		62 /	1-1-1-1-1	111	
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13 1	1 1 1 1 1 1 1	63 J V	 	114	
15 /	 	65 / 1 /	 	115	
16 /		66 V J V		116	
17 /				117	
78 /		56 /		118	
18 /		69	 -	119	
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22 /	 	72 73	++++	123	╎┋
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39 7 7 7	 	89	+++++ 1	139	+++++++++
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43 /		93		143	
44		94		144	┤┤╎┤┤
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146 V V V	┤ ┼┼┤┤	97	+++ +++	147	┼╌┝╌╏╌╏╌╏╌ ┞
48 /	 	98	++++	148	
49 1		99		149	
50 7 7		100		150	

BEST AVAILABLE COPY

If more than 150 claims or 10 actions staple additional sheet here

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